

## Proposal Form

## **Electronic Equipment Insurance**

A copy of the **Product Disclosure Sheet (PDS)** is available at our Customer Service Centre, branch offices or our intermediaries. Please make sure that you have read and understood the contents of the **PDS** before purchasing the product.

Berjaya Sompo Insurance Berhad (Registration No. 198001008821 (62605-U)) (BSIB) is licensed under the Financial Services Act 2013 and regulated by Bank Negara Malaysia.

Berjaya Sompo Insurance Berhad is a member of Perbadanan Insurans Deposit Malaysia (PIDM). For more information, kindly contact PIDM at 1-800-88-1266 or visit the PIDM website at <a href="https://www.pidm.gov.my">www.pidm.gov.my</a>.

## IMPORTANT NOTICE ON PRE-CONTRACTUAL DISCLOSURE AND REPRESENTATION

## **Non-Consumer Insurance Contract**

Pursuant to Schedule 9 of the Financial Services Act 2013, if you are applying for this insurance for purposes of your trade, business or profession, you have a duty to disclose any matter you know to be relevant to our decision in accepting the risks and determining the rates and terms of your insurance. You also have a duty to inform us of any change in the details or information given to us before we issue the policy to you, or before you renew or change any of the terms of your policy. If you fail to do so, your policy may be cancelled or treated as if it never existed, or your claim may be rejected or not fully paid.

The above duty of disclosure for Non-Consumer Insurance Contract shall continue until the time your contract of insurance is entered into, varied or renewed with us.

In addition to answering the questions in this proposal form, you are required to disclose any other matter that you know to be relevant to our decision in accepting the risks and determining the rates and terms to be applied. You also have a duty to tell us immediately if at any time after your contract of insurance has been entered into, varied or renewed with us any of the information given in this proposal form is inaccurate or has changed.

or has changed.						
Please use BLOCK letters and CROSS (X) in appropriate box						
PARTICULARS OF PROPOSER						
Name of Proposer (in full):						
Address (Postal):						
	Postcode					
NRIC No.:	E-Mail:					
Business Registration No.:	Business, Trade or Occupation:					
Tel. No. (House):	Tel. No. (H/P):					
Tel. No. (Office):	Fax No.:					

PARTICULARS OF RISK TO BE INSURED							
Lo	cation of eq	uipment to be insure	d (address of building, storey):				
Pe	Period of insurance: From to						
SE	CTION 1 - I	MATERIAL DAMAG	E COVER				
1a	. items to be	e insured:					
Item Quantity Description of equipment/systems Year of (type, manufacture, model and serial no.) Manufacture				Su	Sum Insured*		
		Insured: Please sta costs of erection, pa	ate current cost of replacing the equipment by ackage material.	y new equipment	of the same kind	plus freigh	t charges
1.	Which iter	n is on mobile usage	and what is the extent of territory:				
2.	Is the build	ding of solid construc	ction (reinforced concrete, brickwork) and is it	t in a good state of	of repair?	Yes	□No
	If not, plea	ase provide further d	etails regarding construction of building and	state of repair as	well as define stru	uctural sho	rt comings.
_							
3.		e detection and alarr				∐ Yes	□No
4.	I. Has a burglar alarm system been installed in the building?				☐ No		
5.	5. Is the building under constant security surveillance?				□ No		
6.	6. Has the building been affected by floods of any kind within the past 5 years?				□No		
	If yes, please describe cause of loss and the extent of loss.						
	Were loss	prevention measure	s initiated as a consequence?			☐Yes	□No
7.	7. Please describe loss or damage to the items requiring cover in the past 3 years.						
	Were loss	prevention measure	s initiated as a consequence?			☐ Yes	□No
8.	B. Are there any other exceptional hazards (e.g. dust, humidity/moisture, corrosive gases, adverse weather				□No		
	If ves. ple	ase provide details:					
	, , , , ,						
9.	_	= :	em been installed in the building in which iter	ns requiring cove	r are located	☐ Yes	□No
	(external lightning protection)?						
10	10. Are the items to be insured safeguarded by overvoltage protection devices fitted to the high voltage and telecommunication lines?						

11.	Ris	k – influencing circumstances:			
	a. I	s there any sprinkler system and/or powder extinguishers in the equipment room?		☐ Yes	□No
	b. I	s the insured item(s) installed in rooms which have an extensive water supply?		☐ Yes	□No
	c. I	s there any special access restriction(s) to the equipment room?		☐ Yes	□No
	d. I	s the power supply via an Uninterrupted Power Supply (UPS)?		☐ Yes	□No
	e. I	s there any Comprehensive Maintenance Contract?		☐ Yes	□No
	f. I	s service/maintenance carried out by trained in-house technicians?		☐ Yes	□No
	g. I	s the insured item(s) installed below ground level?		☐Yes	□No
SF	CTIC	DN 2 - DATA MEDIA COVER			
1.		ta media cover is required for the following:		Sun	n Insured (in RM)
		master & transaction data (e.g. customer, payroll data)			
		standard programmes out of series production			
		customized user programmes			
			Total Sum In:	sured:	
2.	a.	On which system will the data to be insured be processed?			
		☐ Individual PC			
		□ Networked PC			
	h	Central Processing Unit			
	υ.	Overall storage capacity in MB:			
3.	ls d	data backup carried out:		Onc	e a fortnight
4.	ls c	data media stored below ground level?		☐ Yes	□No
5.	ls b	packup data taken to an external location (Different fire area):			
	Da	ly Less frequently Once a week Never Once a fortnight			
	Ple	ase provide the external storage address:			
6.	ls b	packup data stored in security values/ rooms?		☐ Yes	□No
7.	Ha	s a fire detection and alarm system been installed in the room in which insured items are loc	cated?	☐ Yes	□No
8.	Are	there special access restrictions to the room in which insured items are located?		☐ Yes	□No
9.	Do	es a Comprehensive Maintenance Agreement exist for the system?		☐ Yes	□No
SE	СТІ	ON 3 - INCREASED COST OF WORKING (ICOW) as a result of EDP SYSTEM	S		
1.	Pro	poser's insured EDP system			
	a.	Manufacturer, type, year of manufacture?			
	b.	Is system purchased or leased?	Purchased sy	/stem 🗌	Leased System
	c.	Is the lessee of the system free of liability?		☐ Yes	□No
	d.	Daily working hours:			
		Daily hours the back-up system is used:			
		Cost of back-up system per hour:  Number of back-up days per month:			
	e.	Is there an uninterruptible and/or mains back-up power supply system?		☐Yes	□No
		If so, is its value included in the sum insured?		_ ☐ Yes	_ No
	f.	Is there an air-conditioning system serving the EDP system alone?		_ ☐ Yes	_ □ No
		If so, is its value included in the sum insured?		☐ Yes	□No
	g.	Is it possible in the event of failure to utilise other EDP systems so as to obviate using an o system?	outside	□Yes	∏No
l		•			_

2.	2. Outside EDP system available for use:				
	<ul><li>a. Name and address of</li><li>b. Is the use of the outside EDP system subject to any special conditions (Waiting period, Conversion measure, etc.)?</li></ul>			☐ Owner ☐ Lessee	
				, Conversion	☐ Yes ☐ No
		If so, please specify.			
	c.	Has the system already been used?			☐ Yes ☐ No
		Causes:			
		Maximum Duration:			
		Maximum Cost incurred:			
3.	Det	termination of sum insured:			
		Cost of using the outside EDP system (e.g. rent)  Additional cost for staff or third-party	Relevant cost per hour x hours per day	+	
		wage work and services incurred in using the outside EDP system	Cost Per Day	+	
	3.3	Additional transport cost for data media	Cost per day	+	
	3.4	Cost saved in the event of a loss if the proposer's own EDP system fails (e.g. power, rent)	Cost per day	%	
		Daily compensation (DC)	Result 3.1 - 3.4		
		Annual sum insured	DC x working days per month when the insured system is used x 12		
		ICOW incurred only once (e.g. reprogramming) - First-loss sum insured			
4.	Cor	nditions desired:			
	a.	Period of indemnity	☐ 3 Months ☐ 6 Months ☐ 9 Months	12 Months Others	
	b.	Deductible	2 times the DC amount 3 times the DC amount 5 times the DC amount	10 times the DO	
	C.	Exclusions on account of other existing insurance?	☐ Yes ☐ No		
		If so, please specify.			

PAYMENT METHOD					
Total Premium Paid: RM	otal Premium Paid: RMPlease select payment method.				
☐ Cash					
□ JomPay	For payment via JomPay, please provide proof of payment.	Biller Code: 1388 Ref-1: Cover note No/Policy No/EndtNo Ref-2: Agent Code/Name & Contact No  JomPAY online at Internet and Mobile Banking with your Current, Savings or Credit Card account			
☐ Visa ☐ MasterCard	Card No.	Expiry Date  m m / y y			
Cardholder's Name:					
Date:	Cardholder's Signature:				
SERVICE TAX - The Premium payable by you shall be subjected to service tax pursuant to the Service Tax Act 2018, including any subsidiary legislations, orders or regulations governing the application of such tax, as may be imposed or amended by the relevant authorities from time to time.					
PRIVACY NOTICE					
The Personal Data provided by and collected from you may be used and processed by us in order for us to provide our services in accordance with our Privacy Notice, which explains how we treat your Personal Data. Please refer to our Privacy Notice which is available on our website at <a href="https://www.berjayasompo.com.my">www.berjayasompo.com.my</a> for details. You may contact us for access to or correction of your Personal Data, or for any other queries or feedback.					
ACKNOWLEDGEMENT					
I/We acknowledge that the answers/information provided in this proposal form are true and correct and I/we have not withheld any information or made any misrepresentation likely to affect the acceptance of this proposal. I/We shall undertake to notify the Company when there is any subsequent change to the information provided in this proposal form. I/We understand and acknowledge receipt of a copy of the <b>Product Disclosure Sheet (PDS)</b> which has/have been made available to me/us. I/We acknowledge that the key contract terms have been adequately explained to me/us and I/we fully understand the terms.					
Date	Proposer's Signature (If the Proposer is a compa	any, authorised signature(s) and chop)			
FOR AGENT / OFFICE USE					
Cover Note / Policy No.:					
Intermediary:					
Account No.:					
Remarks:		·			